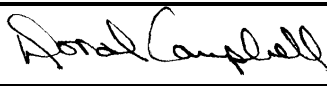
 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.95	Page 1 of 9
	Effective Date: May 15, 2000	
	Distribution: A	
	Supersedes: 113.95 (1/15/97) PCN 99-44 (7/1/99)	
Approved by: 		
Subject: SUBSTANCE ABUSE SERVICES DELIVERY		

- I. AUTHORITY: T.C.A. 4-6-102, T.C.A. 4-3-606, T.C.A. 68-24-506, T.C.A. 68-24-601.
- II. PURPOSE: To identify and provide a continuum of cost-effective substance abuse treatment and programming services for convicted felons who are or have a history of being alcohol or drug dependant.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) employees and inmates, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Adjunct Personnel: Approved volunteers who conduct self-help or Twelve (12) Step programs (See Policy # 115.01.) who have remained drug free for two (2) years and are associated with a local Chapter of Narcotics Anonymous, Alcohol Anonymous, or a Twelve (12) Step Organization.
 - B. Aftercare: The phase of treatment that begins when an inmate has achieved his or her therapeutic goal(s), and the program participant does not require routine treatment services at another level of care. The aftercare phase of treatment includes planned contacts between the inmate and substance abuse treatment counselor personnel for a specified period of time. Aftercare should assist in the maintenance of therapeutic gains made and the ongoing achievement of long term goals as the inmate adjusts to the termination phase of treatment.
 - C. DSM IV: The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.
 - D. Drug Awareness: A 40-hour recovery orientation program mandated for all inmates that test positive on an institutional drug screen. This program is not intended to be applied as treatment.
 - E. Drug Education: A didactic program led by an instructor and defined by a curriculum of alcohol, drug, and recovery-related education. The purpose of this program is to increase the inmate's knowledge relating to substance abuse/use. This program may serve as a lead-in to substance abuse treatment services.
 - F. Qualified Licensed Personnel: Persons that are licensed by the State of Tennessee as a physician, registered nurse, practical nurse, clinical or counseling psychologist, psychological examiner, social worker, professional counselor, or marriage and family therapist.

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- G. Substance Abuse: Refers to a condition characterized by the continuous or episodic misuse of alcohol or other drugs which results in social or vocational impairment, psychological dependence, or pathological patterns of use.
- H. Substance Abuse Assessment: A comprehensive compilation of essential historical information designed to measure and match the inmate with appropriate substance abuse services.
- I. Substance Abuse Staffing: A structured process by which the Substance Abuse Staffing Team members review and determine alcohol and drug treatment needs of inmates.
- J. Substance Abuse Treatment Counselor: A person who has successfully completed state licensing procedures for Alcohol and Other Drugs of Abuse Counselor (LAODAC) in Tennessee as established by the Department of Health or a correctional counselor trained in the use of a particular substance abuse treatment modality.
- K. Substance Abuse Treatment Program: Formal organized behavioral therapies such as individual and/or group counseling, cognitive skills therapy, or psychotherapy for inmates who have abused alcohol and other drugs. These services are designed to eliminate specific physical, mental, or social dependency on mood altering substances.
- L. Substance Abuse Staffing Team: A group of qualified alcohol and other drug abuse personnel who are responsible for the development, implementation, monitoring, supervision, review, and documentation of an individualized treatment plan for inmates who are determined to be in need of substance abuse treatment services.
- V. POLICY: It is the policy of the TDOC to provide, within the limitations imposed by available resources, an opportunity for inmates to receive cost-effective, intensive, and individually-based substance abuse services. Substance abuse services shall, within the constraints of the correctional setting, address the entire life structure (values, habits, relationships, and attitudes) of the inmate.
- VI. PROCEDURES:
 - A. The Director of Substance Abuse Programs, under the direction of the Assistant Commissioner of Operations, shall be responsible for planning and coordinating all substance abuse treatment services and programs throughout the TDOC. The duties of this individual shall include, but are not limited to the following:
 - 1. Coordinate and monitor departmental substance abuse related issues including drug testing of employees with commercial drivers licenses (CDL), inmate drug testing, narcotic interdiction activities, substance abuse related federal grant compliance/monitoring, and substance abuse program services.
 - 2. Plan for the allocation of substance abuse services department wide.
 - 3. Development of a Substance Abuse Delivery System manual.

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4. Collecting, maintaining, and disseminating substance abuse program statistical information.
 5. Providing technical assistance relating to inmate drug testing, substance abuse services, and narcotic interdiction activities.
 6. Conducting periodic substance abuse treatment program integrity reviews.
- B. Each warden shall designate a staff person that will coordinate all substance abuse treatment and programming options within the institution. This person may or may not be the substance abuse treatment counselor. The substance abuse treatment coordinator will be responsible for:
1. Maintaining and reporting all institutional substance abuse treatment services and programming activities to the Director of Substance Abuse Programs on a monthly basis.
 2. Developing and updating the institution's in-house substance abuse delivery system policy.
 3. Maintaining a list of all inmates who test positive on a security or treatment-related institutional drug screen.
 4. Ensuring that institutional substance abuse services information is disseminated in writing (during orientation, inmate handbook, posted notices, etc.) to inmates. Substance abuse services information shall include, but not be limited to, the following information:
 - a. Referral procedure
 - b. Criteria for admission
 - c. Available services
 - d. Contact persons
- C. Substance abuse services may include the following program options: assessment, treatment plan development, individual/group counseling, outpatient treatment, aftercare counseling, drug education, drug awareness, relapse prevention, structured self-help groups, cognitive skills development, crisis intervention, culturally sensitive treatment objectives, and transitional release services.
- D. All TDOC facilities shall offer drug awareness, drug education, and structured self-help.
- E. At a minimum, all time-building facilities shall offer the following services:

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1. Assessment
 2. Treatment plan development
 3. Individual/group counseling
 4. Drug education
 5. Cognitive skills development
 6. Drug awareness
 7. Aftercare services
 8. Relapse prevention.
- E. All TDOC institutions shall develop an in-house substance abuse delivery system policy that shall address the following:
1. Treatment philosophy
 2. Program goals and objectives
 3. Referral procedures
 4. Available services
 5. Admission criteria
 6. Aftercare services.
- F. As part of the initial classification process, all inmates shall receive an initial formal clinical intake substance abuse assessment. This assessment shall be used to identify those inmates who are in need of substance abuse treatment services.
- G. Inmates seeking substance abuse treatment services shall sign a Participant Agreement, CR-3586 Participation Agreement, and a Release of Substance Abuse Treatment Information, CR-1974, prior to acceptance into a substance abuse treatment program.
- H. All substance abuse treatment program participants shall receive a comprehensive individualized program assessment that shall be used as a guide for treatment plan development.

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1. The substance abuse treatment counselor shall be responsible for completing the substance abuse treatment assessment. Other qualified licensed personnel shall be consulted and included in the development of the assessment. Only those inmates participating in a substance abuse treatment program shall be required to have a substance abuse plan of treatment. The substance abuse plan of treatment shall be completed within thirty (30) days after acceptance into treatment.
2. The substance abuse treatment assessment shall include, at a minimum, the following inmate information:
 - a. Criminal background
 - b. Previous drug use
 - c. Prior treatment history
 - d. Social and health related issues.
 - e. Addiction Severity Index (ASI).
3. The substance abuse plan of treatment shall be guided by the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders Second Edition (ASAM-PPCII) and include the following information:
 - a. Inmate's name
 - b. TDOC number
 - c. Presenting problem/diagnosis
 - d. Strengths of inmate
 - e. Weakness(es) of inmate
 - f. Level of Service Inventory (LSI) score
 - g. Adult Substance Use Survey (ASUS)
 - h. Description of problem
 - i. Description of goal/objectives
 - j. Person(s) responsible for providing service(s)
 - k. Target completion date

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- l. Discharge criteria
 - m. Inmate's involvement in planning
 - n. Inmate's response to plan.
- I. Substance abuse treatment services shall be offered, at no cost, to inmates with a documented history of substance abuse who are incarcerated in TDOC facilities. Inmates shall be provided with the opportunity to participate in substance abuse treatment services prior to release from the institution.
 - J. Wardens may use placement within a substance abuse treatment program to create part-time or full time jobs as an incentive for participation. (See Policy # 505.07.) The central office Inmate Job Specialist and Director of Substance Abuse Programs shall review all new program requests.
 - K. No adjunct personnel, qualified alcohol and drug abuse personnel, or substance abuse treatment counselor shall exceed their level of competency as dictated by state regulatory boards when providing substance abuse treatment services.
 - L. A substance abuse treatment counselor shall be responsible for delivering all institutional individual and group substance abuse treatment services.
 - M. Prior to the inmate's release from the institution, the substance abuse treatment counselor shall, with the consent of the inmate, make a referral and arrangements for continued community outpatient treatment services, using the ASAM-PPC-2, when such services are deemed appropriate.
 - N. An inmate shall be discharged successfully from the program only after all program goals and performance objectives have been completed.
 - O. An inmate may be unsuccessfully discharged from a substance abuse treatment program for the following reasons.
 1. Rule violations
 2. Unexcused absences (non participation)
 3. Transfer to another institution
 4. Failure to comply with program
 5. Voluntary withdrawal
 6. Positive urinalysis
 7. Official release from treatment program/expiration of sentence.

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- P. Urinalysis testing shall be used throughout the substance abuse program to monitor program compliance. All substance abuse treatment program participants shall receive an initial urinalysis screen and monthly random drug screens per local institutional procedures and Policy #506.21.
- Q. The urinalysis test results of inmates assigned to a substance abuse treatment program, positive or negative, shall be considered confidential and not entered on TOMIS.
- R. Urinalysis test results of inmates participating in a self-help program, drug awareness, drug education, or any other non-therapeutic-based substance abuse program shall not be considered confidential and the test results shall be entered on TOMIS.
- S. Each institution shall submit to the Director of Substance Abuse Programs a monthly summary of all substance abuse program activities in the designated format. This report shall be due in central office no later than the tenth working day of the month after the date of service.
- T. An individual substance abuse treatment record shall be maintained on all inmates participating in a substance abuse treatment program. The treatment record shall contain a chronological history of all substance abuse related assessments, treatment interventions, events, and activities.
- U. Access to substance abuse program files shall be limited to those employees who have a legitimate need. Program files shall be locked at all times when unattended.
- V. All substance abuse program records shall be retained at the institution in a secure area and maintained separately from the institutional record for at least three (3) fiscal years following the date of discharge from the program. Retention is required for purposes of federal and state examination and audit.
- W. After the three year period, the substance abuse program record shall accompany or be forwarded for inclusion in the inmate's health record.
- X. Records of the identity, diagnosis, prognosis, or treatment of any inmate that are maintained in connection with the performance of any program or activity relating to substance abuse treatment or rehabilitation are under the protection of federal law, Title 42, CFR Chapter 2, and shall be considered confidential.
- Y. Substance abuse treatment program records or any records pertaining to substance abuse shall be released only with the written consent of the inmate, except as noted below. Copies of all such releases shall be marked "confidential" and maintained in accordance with TDOC, state, and federal regulations.
 - 1. To medical personnel to the extent necessary to meet a bona fide medical emergency.

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2. To qualified personnel for the purpose of conducting management audits or program evaluation/reviews; however, the anonymity of the inmate must be maintained.
3. After application showing good cause has been determined by the court of jurisdiction.

VII. ACA STANDARDS: 3-4344-1, 3-4344-1, 3-4388-2, 3-4388-3, and 3-4388-4.

VIII. EXPIRATION DATE: May 15, 2003.



TENNESSEE DEPARTMENT OF CORRECTION

AUTHORIZATION FOR RELEASE OF HEALTH CARE/SUBSTANCE ABUSE TREATMENT INFORMATION

INSTITUTION _____

Inmate Name _____ TDOC Number _____ Sex _____

Social Security Number _____ Date of Birth _____

I, _____ authorize _____
(Inmate's Name) (Name of specific person, including title, or organization)

to release to _____

(Name of specific person, including title, or organization)

health care/substance abuse treatment records or information concerning my treatment for the following purpose:

I, the undersigned, authorize release of information covering services from _____ to _____

Specific Information Requested (*Check all that apply*):

_____ Physical Health Records (specify type):	_____ Other (Specify type):
_____ _____	_____ _____
_____ _____	_____ _____
_____ Psychiatric Records	_____ Psychological Records
_____ Mental Health Program Records	_____ Alcohol and Other Substance Abuse Records*
_____ Results of any testing/treatment for HIV-positive antibodies/acquired immune deficiency syndrome/sexually transmitted disease(s)	

I understand that there will be a reasonable fee charged for these copies according to Tennessee law.

Expiration date: This authorization expires six months from the date of signature below and covers information only prior to that date. I understand that I may withdraw this consent at any time. I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. I also understand that the information released cannot be redisclosed by person(s), institution(s), named above unless I specifically authorize such a release in writing.

*I also understand that any disclosure of records concerning diagnosis and/or treatment of alcohol and/or drug abuse is covered by Title 42 CFR, and if there is any such information, I **do** ____; I **do not** ____ authorize the release of information.

I hereby release the provider or facility releasing this information upon my authorization from any liability:

(Inmate or person legally authorized to consent for minor or for person unable to sign)

(Relationship to Inmate)

Witness

Date

Authorization must be signed by the inmate. If the inmate is under 18 years of age or is not legally competent or is unable to sign, the parent or designated conservator must provide authorization.

NOTICE TO PERSON OR AGENCY RECEIVING THIS INFORMATION: This information has been disclosed to you from records for which confidentiality is protected (Title 42 CFR Part 2). Laws and regulations prohibit you from making further disclosure of it without the specific consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient. (Title 42 CFR Part 2 pertains specifically to substance abuse treatment information.)



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE ABUSE PROGRAM
PARTICIPANT AGREEMENT**

I, _____ TDOC# _____ do hereby
(Inmate's Name)

understand and agree to participate in the following Substance Abuse Program: _____

(Name of Substance Abuse Program Options)

All program rules and regulations have been explained to me by _____
(Substance Abuse Counselor)

I understand the potential benefits _____
and risks _____

associated with participation in this program and I voluntarily agreed to abide by all of the rules of this program, including random drug screens for treatment programs only. It is also my understanding that my participation in this program may be terminated for the following:

- a. rule violation
- b. unexcused absences (non participation)
- c. continued drug use
- d. transfer to another institution
- e. failure to comply with program
- f. voluntary withdrawal
- g. official release from treatment program

Barring disclosure of intentions to escape, imminent threats to harm self or others, or acts of child abuse perpetrated prior to my incarceration, or any other criminal behavior that could threaten the safety or security of the institution, I also understand that my substance abuse treatment records, treatment related issues, and other participant related issues are protected under Federal Regulations, 42 CFR Part 2 and further disclosure of this information is prohibited unless written disclosure or consent is granted.



Inmate's Signature _____ Admission Date: _____

Anticipated Date of Discharge: _____

Aftercare and Self Help Plans: _____

Substance Abuse Treatment Counselor: _____

Witnessed by: _____
(Person Other Than Treatment Counselor) _____ Date

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	Effective Date: March 15, 2002	
	Distribution: A	
	Supersedes: N/A	
<p>Approved by: </p>		
Subject: SUBSTANCE ABUSE SERVICES DELIVERY		

POLICY CHANGE NOTICE 02-17

INSTRUCTIONS:

In Section VI. (G), please change the reference of "Release of Substance Abuse Treatment Information, CR-1974," to "Authorization for Release of Health Care/Substance Abuse Treatment Information, CR-1885".

Please cross through CR-1974 located on page 9 of this policy and attach the enclosed page 10. Renumber policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION

AUTHORIZATION FOR RELEASE OF HEALTH CARE/SUBSTANCE ABUSE TREATMENT INFORMATION

INSTITUTION _____

Inmate Name _____ TDOC Number _____ Sex _____

Social Security Number _____ Date of Birth _____

I, _____ authorize _____
(Inmate's Name) (Name of specific person, including title, or organization)

to release to _____

(Name of specific person, including title, or organization)

health care/substance abuse treatment records or information concerning my treatment for the following purpose:

I, the undersigned, authorize release of information covering services from _____ to _____

Specific Information Requested (*Check all that apply*):

_____ Physical Health Records (specify type):	_____ Other (Specify type):
_____ _____	_____ _____
_____ _____	_____ _____
_____ Psychiatric Records	_____ Psychological Records
_____ Mental Health Program Records	_____ Alcohol and Other Substance Abuse Records*
_____ Results of any testing/treatment for HIV-positive antibodies/acquired immune deficiency syndrome/sexually transmitted disease(s)	

I understand that there will be a reasonable fee charged for these copies according to Tennessee law.

Expiration date: This authorization expires six months from the date of signature below and covers information only prior to that date. I understand that I may withdraw this consent at any time. I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. I also understand that the information released cannot be redisclosed by person(s), institution(s), named above unless I specifically authorize such a release in writing.

*I also understand that any disclosure of records concerning diagnosis and/or treatment of alcohol and/or drug abuse is covered by Title 42 CFR, and if there is any such information, I **do** ____; I **do not** ____ authorize the release of information.

I hereby release the provider or facility releasing this information upon my authorization from any liability:

(Inmate or person legally authorized to consent for minor or for person unable to sign)

(Relationship to Inmate)

Witness

Date

Authorization must be signed by the inmate. If the inmate is under 18 years of age or is not legally competent or is unable to sign, the parent or designated conservator must provide authorization.

NOTICE TO PERSON OR AGENCY RECEIVING THIS INFORMATION: This information has been disclosed to you from records for which confidentiality is protected (Title 42 CFR Part 2). Laws and regulations prohibit you from making further disclosure of it without the specific consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient. (Title 42 CFR Part 2 pertains specifically to substance abuse treatment information.)